| 1 | STEVEN H. FRANKEL (State Bar No. 171919) DOCKET |
|----------|---|
| 2 | SONNENSCHEIN NATH & ROSENTHAL LLP 525 Market Street, 26th Floor 08-CRI-1 |
| 3 | San Francisco, CA 94105-2708 Telephone: (415) 882-5000 DATE MAR 25 2009 |
| 4 | Facsimile: (415) 882-0300 RECD. MAR 27 2009 |
| 5 | BRETT A. CRAWFORD SONNENSCHEIN NATH & ROSENTHAL LLP |
| 6 | 1301 K Street, N.W. Suite 600, East Tower |
| 7 | Washington, DC 20005-3364 Telephone: (202) 408-6400 |
| 8 | Facsimile: (202) 408-6399 |
| 9 | Attorneys for Respondents MASCO CORPORATION and ENERGYSENSE, INC. |
| 10 | * |
| 11 | |
| 12 | STATE OF CALIFORNIA |
| 13 | ENERGY RESOURCES CONSERVATION |
| 14 | AND DEVELOPMENT COMMISSION |
| 15 | * |
| 16 17 | CALIFORNIA LIVING & ENERGY (a Docket Number 08-CRI-01 division of William Lilly & Associates, Inc.) and DUCT TESTERS, INC., |
| 18 | |
| 19 | Complanains, |
| 20 | VS. |
| 21 | MASCO CORPORATION and ENERGYSENSE, INC., |
| 22 | Respondents. |
| 23 | Being first duly sworn under oath, Sharon A. Werner deposes and states as |
| 24 | follows: |
| 25 | I am a corporate paralegal in the legal department of Masco Corporation |
| 26 | ("Masco"), a position I have held since June 2002. I have personal knowledge of all facts |
| 27 | set forth below. In my capacity as a corporate paralegal, I am responsible for the |
| 28 | preparation and filing of legal documents associated with the ownership, structure and |
| - 1 | |

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operating authority of Masco and its subsidiaries. I am also familiar with legal agreements executed between Masco and its subsidiaries and legal agreements executed between Masco subsidiaries.

- 2. Masco Corporation, a Delaware corporation, is a publicly-held holding company that owns more than 200 subsidiary companies throughout the world. Attached as Exhibit 1 are true and correct copies of the Annual Reports filed electronically with the Delaware Secretary of State for the years 2006, 2007 and 2008.
- 3. EnergySense, Inc., a Delaware corporation, is a wholly-owned subsidiary of Masco Corporation which Masco formed in August 2006. A true and correct copy of EnergySense's August 11, 2006 Certificate of Incorporation is attached hereto as Exhibit 2. EnergySense became qualified to do business in California on October 25, 2006. A true and correct copy of EnergySense's Certificate of Qualification from the State of California Secretary of State is attached hereto as Exhibit 3. Attached as Exhibit 4 are true and correct copies of the Annual Reports filed electronically with the Delaware Secretary of State on behalf of EnergySense, Inc. for the years 2006, 2007 and 2008.
- 4. Masco Home Services, Inc., a Delaware corporation, is a wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 5 are true and correct copies of the Annual Reports filed electronically with the Delaware Secretary of State on behalf of Masco Home Services, Inc. for the years 2007 and 2008.
- 5. Coast Insulation Contractors, Inc., a California corporation, is an indirect wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 6 are true and correct copies of the Annual Reports filed electronically with the California Secretary of State on behalf of Coast Insulation Contractors, Inc. for the years 2006, 2007 and 2008.
- 6. Sacramento Insulation Contractors, a California corporation, is an indirect wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 7 are true and correct copies of the Annual Reports filed electronically with the California Secretary of State on behalf of Sacramento Insulation Contractors for the years 2006 (confirmation of electronic filing only), 2007 and 2008.

- 7. Masco Contractor Services of California, Inc., f/k/a Schmid Insulation Contractors, Inc., a California corporation, is an indirect wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 8 are true and correct copies of the Annual Reports filed electronically with the California Secretary of State on behalf of Masco Contractor Services of California, Inc. for the years 2006, 2007 and 2008.
- 8. Western Insulation, L.P. is a California limited partnership, of which Western Insulation Holdings, LLC is the managing general partner, both of which are wholly-owned by Builder Services Group, Inc., an indirect wholly-owned subsidiary of Masco Corporation. The State of California Secretary of State's office has no annual report filing requirements for California limited partnerships.
- 9. Williams Consolidated I, Ltd. is a Texas limited partnership, of which Builder Services Group, Inc. is the managing general partner, both of which are whollyowned by Builder Services Group, Inc., an indirect wholly-owned subsidiary of Masco Corporation. The State of Texas has periodical filing of Annual Reports which are filed every four or five years, when an entity is notified by the state. Attached as Exhibit 9 is a true and correct copy of the most recent Annual Report filed electronically with the Texas Secretary of State on behalf of Williams Consolidated I, Ltd. for 2005.
- 10. In 2003, Williams Consolidated I, Ltd., a Texas limited partnership ("Williams"), acquired the assets of Energy Sense Systems, Inc. Williams conducts business under the assumed names of "Energy Sense" and "Energy Sense Systems" exclusively in Texas. Williams does not conduct business in California. True and correct copies of legal documents filed by Williams showing its Texas organization and registration of "Energy Sense" and "Energy Sense Systems" as assumed name are attached hereto as Exhibit 10.
- To the best of my knowledge, EnergySense has not entered into any contracts with Masco Corporation.
- 12. Through its effective position as the sole shareholder or managing general partner of EnergySense, Inc., Coast Insulation Contractors, Inc, Western Insulation, L.P.,

WAYNE COUNTY

INISSION EXPIRES JANUARY 10, 2013

Affidavit of Sharon A. Werner – Docket No. 08-CRI-01

EXHIBIT 1

Print this page

Annual Report - Acknowledgment Copy

File Number: 0585027

Corporation Name: CORPORATION

Tax Year: 2006

Federal Employer ID: 381794485

Incorporation Date: 06/15/1962

Renewal/Revocation

Date:

Phone Number: 3137926338

From Date:

To Date:

From Date:

To Date:

Dates of Inactivity:

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

CORPORATION TRUST CENTER Address: 1209 ORANGE STREET

City: WILMINGTON

State: DE

Postal Code: 19801

Franchise Tax: \$ 165,000.00

\$ 100.00 Penalty: \$.00

1.5% Monthly Interest: \$.00

Annual Filing Fee: \$ 25.00

Previous Credit/Balance: \$ 165,025.00CR

Prepaid Quarterly

Payments: \$.00

Amount Due: \$.00

Assets for Regulated Investment Corporations:

Jan. 1st: Dec.31st:

Begin Date 06/08/2001

End Date

Designation/ Stock Class

Par Value/ No. of **Shares** Share No. of

Shares Issued

Total GrossAssets Date

Asset

COMMON

PREFERRED 1,000,000

1.000000 1,400,000,000 1.000000

Total

Nature of Business:

Manufacturing

Principal Place of Business Outside of Delaware:

21001 Van Born Road, Taylor, MI 48180

Director Information - 10 Director(s) in your list

Director - 1

Director Name: Richard A. Manoogian

Address 1: 21001 Van Born Road

City: Taylor Postal Code: 48180 State: MI

Expiration Date: 12/15/07

Director - 2

Director Name: Verne G. Istock

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 3

Director Name: Mary Ann VanLokeren

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 4

Director Name: Thomas G. Denomme

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 5

Director Name: Peter A. Dow

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 6

Director Name: Anthony F. Earley, Jr.

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 7

Director Name: David L. Johnston

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Director - 8

Director Name: J. Michael Losh

Address 1: 21001 Van Born Road

City: Taylor

Postal Code: 48180

State: Mi

Expiration Date: 12/15/07

Director - 9

Director Name: Dennis W. Archer Address 1: 21001 Van Born Road

City: Taylor

State: Mi

Postal Code: 48180

Expiration Date: 12/15/07

Director - 10

Director Name: Lisa A. Payne

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Officer Information - 2 Officer(s) in your list

Officer - 1

Officer Name: Alan Barry

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Officer - 2

Officer Name: John G. Sznewajs

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/07

Authorized By (Officer/Director/Incorporator): John G. Sznewajs

Title: Treasurer

Date: 02/15/2007

Payment Information

Amount Paid: \$.00

Payment Method: Franchise Tax Credit

Filing Date & Time: 02/15/2007 10:24 AM EST

Filer Information

Login ID:

⊅Go Back

E-FILED

Back Print

Annual Report - Acknowledgement Copy

File Number: 0585027

Submission Date and Time: 02/12/2008 08:35 AM EST

Federal Employer ID: 381794485

Corporation Name: MASCO CORPORATION

Incorporation Date: 06/15/1962

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE Zip Code: 19801

Franchise Tax: \$ 165,000.00

\$ 100.00 Penalty: \$

0.00

1.5% Monthly sinterest: \$

0.00

Annual Filing Fee: \$

25.00

Previous \$ 165,025.00 CR

Prepaid Quarterly \$

Payments:

0.00

Amount Due: \$

0.00

Begin

End

Designation/

Value/

Par

No. of Total **Shares**

Date

Date

Stock Class No. of Shares Share

Gross

Issued

Assets

Asset Date (MM/DD/YYYY)

06/08/2001

PREFERRED

1,000,000 1.000000

COMMON

1,400,000,000 1.000000

Total

End Date of 12/31/2007 Fiscal Year:

Dates of Inactivity:

From Date:

To Date:

Principal Place of Business

| Non-US Street Address (Do Address not use P.O. Box) City Province Cod | tal Phone Number - E-mail le Country Extension Address |
|---|--|
|---|--|

| | 21001 Van Born Road | Taylor | 4818 | UNITED STATES | 313 - 274 - 7400 | |
|--|------------------------|--------|-------------|---------------|------------------|--|
|--|------------------------|--------|-------------|---------------|------------------|--|

Officer Information

| Full Name of Officer | Title | Non-US Address | | City | State or Province | Zip or Postal Code | Country |
|----------------------|-----------|-------------------|------------------------|--------|----------------------|--------------------------|------------------|
| Timothy Wadhams | President | | 21001 Van Born Road | Taylor | МІ | 48180 | UNITED STATES |

Director Information

Total Number of Directors: 11

| Full Name of Directors | Non-US Address | Street Address | City | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Richard A. Manoogian | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Verne G. Istock | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Mary Ann Van Lokeren | 饠 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Thomas G. Denomme | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Peter A. Dow | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Anthony F. Earley, Jr. | 麗 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| David L. Johnston | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| J. Michael Losh | 网 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Dennis W. Archer | A | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Lisa A. Payne | Æ | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Timothy Wadhams | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 <u>Del. C.</u> § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Date | Authorized By (Full Name of Officer/Director/Incorporator) | Title | Non-US Address | Street Address | City | State or Province | | Country |
|------------|--|-----------|-------------------|----------------------|--------|----------------------|-------|------------------|
| 02/11/2008 | John G. Sznewajs | Treasurer | | 21001 Van Born | Taylor | MI | 48180 | UNITED STATES |

Road

Payment Information

Amount Paid: \$.00

Filing Date & Time : 02/12/2008 08:35 AM EST



Annual Report - Acknowledgement Copy

File Number: 0585027

Submission Date and Time: 02/16/2009 11:46 AM EST

Corporation Name: MASCO CORPORATION

Federal Employer 381794485

Incorporation Date: 06/15/1962

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE Zip Code: 19801

Franchise Tax: \$ 165,000.00

\$ 100.00 Penalty: \$

0.00

1.5% Monthly sinterest:

0.00

Annual Filing Fee: \$

25.00

Previous \$ 165,025.00 CR Credit/Balance:

Prepaid Quarterly \$ Payments:

0.00

Amount Due: \$

0.00

Begin

End

Designation/

Par Value/ No. of **Shares** Total Gross

Date

Date

Stock Class No. of Shares Share

Issued

Assets

Asset Date (MM/DD/YYYY)

06/08/2001

PREFERRED

1,000,000 1.000000

COMMON

1,400,000,000 1.000000

Total

End Date of 12/31/2008 Fiscal Year:

Dates of

inactivity:

From Date:

To Date:

Principal Place of Business

| Non-US Address | Street Address (Do not use P.O. Box) | City | State or Province | Country | Phone Number - Extension | E-mall Address |
|-------------------|--------------------------------------|------|----------------------|-------------|-----------------------------|-------------------|
| | | | | | | |

| | 21001 Van Born Road | Taylor MI | 1/1X 1 X 1 1 | UNITED STATES | 313 - 274 - 7400 | | |
|--|------------------------|-----------|--------------|------------------|------------------|--|--|
|--|------------------------|-----------|--------------|------------------|------------------|--|--|

Officer Information

| Full Name of Officer | Title | Non-US Address | | City | State or Province | Zip or Postal Code | Country |
|-------------------------|-----------|-------------------|------------------------|--------|----------------------|--------------------------|------------------|
| Timothy Wadhams | President | 湯 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Director Information

Total Number of Directors: 10

| Full Name of Directors | Non-US Address | Street Address | City | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Richard A. Manoogian | 飂 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Verne G. Istock | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Mary Ann Van Lokeren | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Thomas G. Denomme | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Anthony F. Earley Jr. | 飋 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| David L. Johnston | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| J. Michael Losh | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Dennis W. Archer | IV. | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Lisa A. Payne | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Timothy Wadhams | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 <u>Del. C.</u> § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Date | Authorized By (Full Name of Officer/Director/Incorporator) | | Non-US Address | Street Address | City | State or Province | and the second second | Country |
|------------|---|-----------|-------------------|------------------------------|--------|----------------------|-----------------------|------------------|
| 02/16/2009 | John G. Sznewajs | Treasurer | | 21001 Van Born Road | Taylor | MI | // 2 2/1 | UNITED STATES |

Payment Information

Amount Paid: \$.00

Filing Date & Time : 02/16/2009 11:46 AM EST

EXHIBIT 2

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "ENERGYSENSE, INC.", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF AUGUST, A.D. 2006, AT 11:20 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Harriet Smith Windson Secretary of State

4203934 8100

060753800

AUTHENTICATION: 4968557

DATE: 08-11-06

CERTIFICATE OF INCORPORATION

OF

ENERGYSENSE, INC.

- 1. The name of the corporation is: EnergySense, Inc.
- The address of its registered office in the State of Delaware is Corporation. Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle, The name of its registered agent at such address is The Corporation Trust Company.
- The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.
- The total number of shares of stock that the corporation shall have authority to issue is One Thousand (1,000) and the pur value of each of such shares is One Dollar (\$1.00) amounting in the aggregate to One Thousand Dollars (\$1,000).
 - The name and mailing address of the incorporator is as follows:

Sharon A. Werner Masco Corporation 21001 Van Born Road Taylor, Michigan 48180

- б. The corporation is to have perpetual existence.
- The board of directors is authorized to snake, alter, or repeal the Bylaws of the corporation. Election of directors need not be by beliet.

I, THE UNDERSEGNED, being the incorporator of the above-named corporation, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this Certificate, beceby decising and certifying that this is my act and deed and the facts hereig stated are true and accordingly have hereunto set my hand this 10th day of August 2006.

Sharon G. Weine

State of Delaware State of Delaware
Secretary of State
Division of Corporations
Delivered 11:30 AM 08/11/2006
FILED 11:20 AM 08/11/2006
SRV 060753800 - 4203934 FILE

EXHIBIT 3



State of California Secretary of State

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 2 6 2006

BRUCE McPHERSON Secretary of State

2965298

State of California Secretary of State

CERTIFICATE OF QUALIFICATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify that on the 25th day of October, 2006, ENERGYSENSE, INC., a corporation organized and existing under the laws of DELAWARE, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 26, 2006.



BRUCE McPHERSON Secretary of State

ENDORSED - FILED in the office of the Secretary of State of the State of California

OCT 2 5 2006

STATEMENT AND DESIGNATION BY FOREIGN CORPORATION

| | (Nam | ne of Corporation) |
|------------------|---|---|
| | | , a corporation organized and existing under the |
| ws of Do | eleware | ,makes the following statements and designation: |
| | (State or Place of Incorporation) | , |
| . The ad | dress of its principal executive office is | 2339 Beville Road, Daytona Beach, FL 32119 |
| . The ad | Idress of its principal office in the State | of California is |
| DESI | | CE OF PROCESS IN THE STATE OF CALIFORNIA either item 3 or item 4.) |
| . (Use ti | his paragraph if the process agent is a | natural person.) |
| | | ,a natural person residing in the State of |
| Califor | mia, whose complete address is | |
| this co | orporation may be served within the Stat | , is designated as agent upon whom process directed to te of California, in the manner provided by law. |
| . (Use t | this paragraph if the process agent is a | corporation.) |
| CTC | xporation System | , a corporation organized and existing |
| under to this | the laws of Delaware corporation may be served within the S | , is designated as agent upon whom process directed State of California, in the manner provided by law. |
| NOTE | Corporate agents must have co prior to designation. | mplied with California Corporations Code Section 1505 |
| of pro | vocably consents to service of process ocess on the Secretary of State of the assor is no longer authorized to act or call. | directed to it upon the agent designated above, and to service State of California if the agent so designated or the agent's annot be found at the address given. |
| - | Dusaning | John G. Sznowajs - Vice President |
| (Si | gnature of Coreerate Officer) | (Typed Name and Title of Officer Signing) FICE OF |

Secretary of State Form S&DC-STOCKAYON/PROFIT (REV 03/2005) CAMM-20005 CYSymen Online

EXHIBIT 4

Print this page

Annual Report - Acknowledgment Copy

File Number: 4203934

Corporation Name: ENERGYSENSE, INC.

Tax Year: 2006

Federal Employer ID: 208185501

Incorporation Date: 08/11/2006

E-FILED

Renewal/Revocation

Date:

Phone Number:

From Date:

To Date: From Date: To Date:

Dates of Inactivity:

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

CORPORATION TRUST CENTER 1209 ORANGE STREET Address:

City: WILMINGTON

State: DE

Postal Code: 19801

Franchise Tax: \$35.00

\$ 100.00 Penalty: \$.00

1.5% Monthly Interest: \$.00

Annual Filing Fee: \$ 25.00

Previous Credit/Balance: \$.00

Prepaid Quarterly

Payments: \$.00

Amount Due: \$60.00

Assets for Regulated Investment Corporations:

Jan. 1st:

Dec.31st:

Begin Date

End Date

Designation/ No. of Stock Class Shares Share

Par Value/

No. of Shares

Total

Asset

08/11/2006

COMMON

1,000 1,000000

Issued

GrossAssets

Date

Nature of Business:

Testing of energy standards

Total

Principal Place of Business Outside of Delaware:

2339 Beville Road, Daytona Beach, FL 32119

Director Information - 3 Director(s) in your list

Director - 1

Director Name: John G. Sznewajs

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/2007

Director - 2

Director Name: Eugene A. Gargaro, Jr. Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/2007

Director - 3

Director Name: John R. Leekley

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/2007

Officer Information - 2 Officer(s) in your list

Officer - 1

Officer Name: Dave Bell

Address 1: 2339 Beville Road

City: Daytona Beach

State: FL

Postal Code: 32119

Expiration Date: 12/15/2007

Officer - 2

Officer Name: Jerry W. Mollien

Address 1: 21001 Van Born Road

City: Taylor

State: MI

Postal Code: 48180

Expiration Date: 12/15/2007

Authorized By (Officer/Director/Incorporator): Jerry W. Mollien

Title: Vice-President

Date: 02/06/2007

Payment Information

Amount Paid: \$60.00

Payment Method: Credit Card

Filing Date & Time: 02/06/2007 01:40 PM EST

Credit Card Information:

Card Type: VISA

Card Number: ********2879

Expiration Date: 05/2008

Reference Number: 020607133907383

Name: Denise Lorincz

Address 1: 21001 Van Born Road

Address 2:

E-FILED

Back Print

Annual Report - Acknowledgement Copy

File Number: 4203934

Submission Date and Time: 02:48 PM EST

Federal Employer ID: 208185501

Incorporation Date: 08/11/2006

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$

35.00

\$ 100.00 Penalty: \$

0.00

1.5% Monthly sinterest: \$

0.00

Annual Filing Fee: \$

25.00

Previous \$ Credit/Balance:

0.00

Prepaid Quarterly \$ Payments:

0.00

Amount Due: \$

Designation/

Par Value/

Begin Date End Date Stock Class

No. of Shares Share

08/11/2006

COMMON

1,000 1.000000

Principal Place of Business

| Non-US Address | Street Address (Do not use P.O. Box) | City | State or Province | Zip or Postal Code | Country | Phone Number - Extension | E-mail Address |
|-------------------|---|------------------|----------------------|--------------------------|------------------|-----------------------------|-------------------|
| 黨 | 2339 Beville Road | Daytona Beach | FL | 32119 | UNITED STATES | 313 - 274 - 7400 | |

Officer Information

| | Full Name of | | Non-US | | State or | Zip or Postal | |
|---|--------------|---|--------|--|----------|------------------|--|
| J | | ı | | | | | |

| Officer | Title | Address | Street Address | City | Province | Code | Country |
|-----------|-----------|---------|----------------------|------------------|----------|-------|------------------|
| Dave Bell | President | ₽. | 2339 Beville Road | Daytona Beach | FL | 32119 | UNITED STATES |

Director Information

Total Number of Directors: 3

| Full Name of Directors | Non-US Address | | City | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Eugene A. Gargaro, Jr. | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John R. Leekley | 区 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John G. Sznewajs | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Date | Authorized By (Full Name of Officer/Director/Incorporator) | Title | Non-US Address | Street Address | City | State or Province | Zip or Postal Code | Country |
|------------|--|--------------------|-------------------|------------------------------|--------|----------------------|--------------------------|------------------|
| 02/05/2008 | Jerry W. Mollien | Vice- President | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Payment Information

Amount Paid: \$60.00

Filing Date & Time : 02/05/2008 02:48 PM

Payment Method: Credit Card

Credit Card Information:

Card Type: VISA

Card Number: *********2879

Expiration Date: 05/2008

Reference Number: 020508144610104

Name: Denise Lorincz

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES



Annual Report - Acknowledgement Copy

File Number: 4203934

Submission Date and Time: 02/03/2009 02:02 PM EST

Corporation Name: ENERGYSENSE, INC.

Federal Employer 1D: 208185501

Incorporation Date: 08/11/2006

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$

75.00

\$ 100.00 Penalty: \$

0.00

1.5% Monthly Interest: \$

0.00

Annual Filing Fee: \$

25.00

Previous \$
Credit/Balance:

0.00

Prepaid Quarterly \$ Payments:

Amount Due: \$

0.00

Designation/

Par Value/

Begin Date End Date Stock Class

08/11/2006

COMMON

No. of Shares Share

1,000 1.000000

Principal Place of Business

| Non-US Address | Street Address (Do not use P.O. Box) | | State or Province | Zip or Postal Code | Country | Phone Number - Extension | E-mail Address |
|-------------------|--------------------------------------|------------------|----------------------|--------------------------|------------------|-----------------------------|-------------------|
| | 2339 Beville Road | Daytona Beach | FL | 32119 | UNITED STATES | 313 - 274 - 7400 | |

Officer Information

| | Full Name of | Non-US | State or | Zip or Postal | |
|-----|--------------|--------|----------|------------------|--|
| - 1 | | | | | |

| Officer | Title | Address | Street Address | City | Province | Code | Country |
|---------------|-----------|-----------|----------------------|------------------|----------|-------|------------------|
| David R. Bell | President | \$ 2500 H | 2339 Beville Road | Daytona Beach | FL | 32119 | UNITED STATES |

Director Information

Total Number of 3

| Full Name of Directors | Non-US Address | | | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Jerry W. Mollien | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Barry J. Silverman | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John G. Sznewajs | · | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Date | Authorized By (Full Name of Officer/Director/Incorporator) | | Non-US Address | Street Address | City | State or Province | 1960 7 207 | Country |
|------------|--|-------------------|-------------------|------------------------------|--------|----------------------|----------------|------------------|
| 02/03/2009 | Jerry W. Mollien | Vice President | | 21001 Van Born Road | Taylor | MI | 1 /1 X X () | UNITED STATES |

Payment Information

Amount Paid: \$ 100.00

Filing Date & Time : 02/03/2009 02:02 PM EST

Payment Method: Credit Card

Credit Card Information:

Card Type: VISA

Card Number: ********2853

Expiration Date: 05/2011

Reference Number: 020309140255082

Name: Lisa Drain

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES

EXHIBIT 5

Back Print

Annual Report - Acknowledgement Copy

File Number: 4465832

Submission Date and Time: 02/07/2008 08:14 AM EST

E-FILED

Corporation Name: MASCO HOME SERVICES, INC.

Federal Employer 261498259

Incorporation Date: 11/30/2007

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE Zip Code: 19801

Franchise Tax: \$ 35.00

\$ 100.00 Penalty: \$ 0.00

> 1.5% Monthly Interest: \$ 0.00

Annual Filing Fee: \$ 25.00

Previous \$ Credit/Balance: 0.00

Prepaid Quarterly \$

Payments:

Amount Due: \$ 60.00

Designation/

Par Value/

Begin Date End Date Stock Class

0.00

No. of Shares Share

11/30/2007 COMMON

1,000 1.000000

Principal Place of Business

| Non-US Address | Oli Oct Madi Coo IDO | City | State or Province | Zip or Postal Code | Country | Phone Number - Extension | E-mail Address |
|-------------------|------------------------|--------|----------------------|--------------------------|------------------|-----------------------------|-------------------|
| | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES | 313 - 274 - 7400 | |

Officer Information

| | Zip or | |
|--|--------|--|

| Full Name of Officer | Title | Non-US Address | | City | State or Province | Postal Code | Country |
|-------------------------|-----------|-------------------|--------------------------|--------------|----------------------|----------------|------------------|
| Karen Mendelsohn | President | | 55 East 111th. Street | Indianapolis | IN. | 46280 | UNITED STATES |

Director Information

Total Number of Directors: 3

| Full Name of Directors | Non-US Address | I : | | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Eugene A. Gargaro, Jr. | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John R. Leekley | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John G. Sznewajs | 劉 | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Date | Authorized By (Full Name of Officer/Director/Incorporator) | Title | Non-US Address | Street Address | City | State or Province | | Country |
|------------|--|----------|-------------------|------------------------------|--------|----------------------|----------|------------------|
| 02/07/2008 | John G. Sznewajs | Director | | 21001 Van Born Road | Taylor | MI | // 🗙 🗴 | UNITED STATES |

Payment Information

Amount Paid: \$60.00

Filing Date & Time: 02/07/2008 08:14 AM

Payment Method: Credit Card

Credit Card Information:

Card Type: VISA

Card Number: *******2879

Expiration Date: 05/2008

Reference Number: 020708081228553

Name: Denise Lorincz

Address 1: 21001 Van Born Road

Address 2:

State: MI

Postal Code: 48180

City: Taylor

Country: UNITED STATES



Annual Report - Acknowledgement Copy

File Number: 4465832

Submission Date and Time: 02/03/2009 02:17 PM EST

Corporation Name: MASCO HOME SERVICES, INC.

 $\begin{array}{c} \textbf{Federal Employer} \\ \textbf{ID:} \end{array} 261498259$

Incorporation Date: 11/30/2007

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$

75.00

\$ 100.00 Penalty: \$

0.00

1.5% Monthly

0.00

Interest: \$

Annual Filing Fee: \$

25.00

Previous \$

Credit/Balance:

0.00

Prepaid Quarterly \$

0.00

Payments:

Amount Due: \$

100.00

Designation/

Par Value/

E-FILED

Begin Date End Date Stock Class

11/30/2007

COMMON

No. of Shares Share 1,000 1.000000

Principal Place of Business

| Non-US Address | ## DEL LE MENT 1000 / 100 | City | State or Province | Zip or Postal Code | Country | Phone Number - Extension | E-mail Address |
|-------------------|---------------------------|--------|----------------------|--------------------------|------------------|-----------------------------|-------------------|
| | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES | 313 - 274 - 7400 | |

Officer Information

| Full Name of | Non-US | State or | Zip or Postal | |
|--------------|--------|----------|------------------|--|
|--------------|--------|----------|------------------|--|

| Officer | Title | Address | Street Address | City | Province | Code | Country |
|---------------------|-----------|---------|-------------------------|--------------|----------|---------|------------------|
| Karen Mendelsohn | President | | 55 East 111th Street | Indianapolis | IN | IAD/XII | UNITED STATES |

Director Information

Total Number of 3

| Full Name of Directors | Non-US Address | { | | State or Province | Zip or Postal Code | Country |
|------------------------|-------------------|---------------------|--------|----------------------|-----------------------|---------------|
| Jerry W. Mollien | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| Barry J. Silverman | | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |
| John G. Sznewajs | ি | 21001 Van Born Road | Taylor | MI | 48180 | UNITED STATES |

Authorization

Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

| Dațe | Authorized By (Full Name of Officer/Director/Incorporator) | | Non-US Address | Street Address | City | State or Province | | Country |
|------------|--|-------------------|-------------------|------------------------------|--------|----------------------|-------------|------------------|
| 02/03/2009 | Jerry W. Mollien | Vice President | | 21001 Van Born Road | Taylor | MI . | /IX X I | UNITED STATES |

Payment Information

Amount Paid: \$ 100.00

Filing Date & Time : 02/03/2009 02:17 PM EST

Payment Method: Credit Card

Credit Card Information:

Card Type: VISA

Card Number: ********2853

Expiration Date: 05/2011

Reference Number: 020309141737193

Name: Lisa Drain

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES

EXHIBIT 6



State of California

Secretary of State

E-FILED

Statement of Information Accepted for Filing

(1) C1542005 - COAST INSULATION CONTRACTORS, INC. \$25.00





State of California

Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

IMPORTANT - Read instructions before completing this form.

| <u></u> |
|--|
| 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD |
| C1542005 COAST INSULATION CONTRACTORS, INC. 2339 BEVILLE RD DAYTONA BEACH, FL 32119 |
| CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1.1) |
| A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations. |
| If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 14 . |
| If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety. |
| 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX) |
| ADDRESS |
| 2339 Beville Road |
| |
| CITY STATE ZIP CODE COUNTRY |
| Daytona Beach FL 32119 UNITED STATES |
| 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX) |
| ADDRESS |
| |
| |
| CITY STATE ZIP CODE |
| CA |
| LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.) |
| 4. CHIEF EXECUTIVE OFFICER |
| FIRST MIDDLE LAST |
| James Brewer |
| ADDRESS |
| 2339 Beville Road |
| · · · · · · |

| | | | | 1 |
|-----------------------|--------------------|---------------------------|---------------------------|--|
| CITY | STATE | ZIP CODE | COUNTRY | |
| Daytona Beach | FL FL | 32119 | UNITED STATES | 图 |
| 5. SECRETARY | | J | | |
| FIRST | MIDDLE | LAST | | |
| John | C. | Calkins | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | <u>STATE</u> | ZIP CODE | COUNTRY | -25.45.50mm-intersect to Wendowske - sor Spare |
| Taylor | МІ | 48180 | UNITED STATES | Š |
| 6. CHIEF FINANCIAL | OFFICER | | | |
| FIRST | MIDDLE | LAST | | |
| John | C. | Calkins | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | МІ | 48180 | UNITED STATES | ₹ |
| | | | TORS, INCLUDING DIRECTORS | WHO ARE |
| ALSO OFFICERS (The co | rporation must hav | e at least one director.) | | |
| 7. FIRST | MIDDLE | LAST | | |
| John | C. | Calkins | | |
| ADDRESS | J. | Joanna | | |
| 21001 Van Born Road | *** | | | : |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | - |
| 8. | | 7-0100 | | |
| FIRST | MIDDLE | LAST | | |
| William | Т. | Anderson | | |
| ADDRESS | J | | | |
| | | | | |
| 21001 Van Born Road | | | | |
| | | 710 0005 | COLUMITATION | |
| CITY | STATE | ZIP CODE | COUNTRY UNITED STATES | |
| Taylor | MI | 48180 | JOINTED STATES | 图 |
| 9. | MIDDLE | LAST | | |
| FIRST | MIDDLE | | | |
| ADDRESS | | | | |
| ADDRESS | | | | |
| | | | | |
| | CT4-F | 710 0005 | COLINITOV | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| | | | | - 1 |

| | | | | U | NITED STATES | |
|---|--|-----------------------------|-------------|-------------|---------------------|-----------|
| # /Avi jej jijo | rel Mexicos | | , | | | |
| 10. NUM | BER OF VACANC | ES ON THE B | OARD OF DI | RECTORS, IF | ANY: 0 | |
| | OF PROCESS | RIATE PROVI | SION BELOW | AND NAME | THE AGENT FO |)R |
| | AN INDIVIDUAL R | ESIDING IN C | ALIFORNIA | H w | | |
| | AGENT'S FIRST | MID | DLE | LAS | | |
| | A CORPORATION CORPORATIONS C | | | ICATE PURSU | IANT TO CALIFO | RNIA |
| | NAME OF CORPORATE AGENT View List | | | | | |
| æ | C T Corporation Sys | tem | | | | |
| 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | | | | | | |
| ADDRESS | | | | 6 | | |
| | | | | | | |
| | | | | | | |
| CITY | | STATE | ZIP CODE | ₹ | | |
| | | CA | J | J | | |
| 13. DESC | RIBE THE TYPE | OF BUSINESS | OF THE COR | PORATION | | |
| Installation | of insulation | | | | | |
| STATEME SECRETA | ER THE NAME AN INT. BY SUBMIT RY OF STATE, TH IED HEREIN, INC | FING THIS ST IE CORPORAT | FATEMENT OF | INFORMAT | TON TO THE ORMATION | т. |
| FIRST | MIDDLE | | LAST | T | ITLE | DATE |
| Renee | | | Bened | lict S | enior Tax Accou | 9/13/2006 |
| y Continu | e Filling 💸 🌃 <u>Ca</u> | กลอปราชุพเฉพาร์ละ | ich, " | * | | |



Secretary of State

E-FILED

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | A0DFFD82-AE0E-4615-B913-8D4EEDEBF806 |
|--------------------|--|
| Confirmation #: | 060622 |
| Charge Description | E-file Statement of Information for C1542005 |
| Name: | DENISE LORINCZ |
| Address: | 21001 VAN BORN ROAD |
| Address Line 2 | |
| City/State/Zip: | TAYLOR, MI 48180 |
| Phone: | 313/792-6250 |
| Email: | |
| Amount: | 25 |
| E-File Session: | 792176 |
| AVS Response: | Y |
| Date/Time: | 9/13/2007 7:53:54 AM |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

📜 Retuin to Main Pager 😕

Coast Insulation Contr



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

| IMPORTANT - Read | MPORTANT - Read <u>instructions</u> before completing this form. | | | | | |
|--|--|--|--------------|-----------|-------------------------|-----------------------|
| 1. CORPORATION NUM | 1BER | , NAME | AND ADDR | SS OF | RECORD | |
| C1542005 COAST INSULATION 2339 BEVILLE ROAL DAYTONA BEACH, F |) | | ORS, INC. | | | |
| CALIFORNIA CORPORA A publicly traded corpora | | | • | | | |
| Statement (Form SI PT) instructions for additiona | annu | ally, wit | hin 150 days | after the | e end of its fiscal yea | |
| ☐ If there has been no Information filed with | | | | | | |
| If there have been a previously filed, the | | | | | | rmation has been |
| 2. STREET ADDRESS OF ADDRESS | F PRI | INCIPA | L EXECUTIV | E OFFI | CE (DO NOT USE PO | BOX) |
| 2339 Beville Road | | | To your | | | |
| Annual processing and the control of | | | 3 | | | |
| CITY | S | STATE | ZIP CODE | | COUNTRY | |
| Daytona Beach | F | FL. | 32119 | | UNITED STATES | |
| 3. STREET ADDRESS OUSE PO BOX) ADDRESS | F PR | INCIPA | L BUSINESS | OFFIC | E IN CALIFORNIA, | IF ANY (DO NOT |
| ALAKA MILITARI MANAGAMAN AND AND AND AND AND AND AND AND AND A | | | | | | |
| | | CTATE | 71D CODE | | | |
| CITY | : | STATE CA | ZIP CODE | | | |
| LIST THE NAMES AND CON officers.) | /PLE | TE ADDR | ESSES OF TH | E OFFIC | ERS (The corporation n | nust have these three |
| 4. CHIEF EXECUTIVE O | | | | | | |
| FIRST | MID | DLE | LAST | | * | |
| James ADDRESS | J | ad anadorra reconstruido (distribuido de adras d | Brewer | | | |
| 2339 Beville Road | | | | | | |
| Access 100 and | TARREST MANAGEMENT STATE | N. A. C. | à | | | |

| <u> </u> | | | | |
|--|--|--|--|--|
| CITY | STATE | ZIP CODE | COUNTRY | |
| Daytona Beach | FL | 32119 | UNITED STATES | [√] |
| 5. SECRETARY | | and the second s | Parameter and the second secon | oberen sy vill Elitage i He Responsi i Servania and Serva |
| FIRST | MIDDLE | LAST | | 000 |
| William | T. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | Ţ |
| Taylor | МІ | 48180 | UNITED STATES | S |
| 6. CHIEF FINANCIAL | . OFFICER | | produced and the second | |
| FIRST | MIDDLE | LAST | | |
| William | T. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | we was | | | |
| | *************************************** | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | [24] |
| LIST THE NAMES AND C | OMPLETE ADDRE | SSES OF ALL DIRECTO | ORS, INCLUDING DIRECTORS | WHO ARE |
| ALSO OFFICERS (The co | rporation must have | e at least one director.) | | |
| 7. FIRST | MIDDLE | LAST | | |
| William | T. | Anderson | | |
| ADDRESS | Andrew District Control of the Contr | J | ng | |
| 21001 Van Born Road | *************************************** | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | [5] |
| 8. | *************************************** | *************************************** | | |
| FIRST | MIDDLE | LAST | | |
| Jai | | Shah | | |
| ADDRESS | | • | one of | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | CTATE | ZIP CODE | COUNTRY | |
| CITY Taylor | STATE MI | 48180 | UNITED STATES | |
| 9. | | 140100 | TOMITED STATES | |
| FIRST | MIDDLE | LAST | | |
| | | | | |
| ADDRESS | | January and the second | | |
| | *************************************** | | | |
| augh a thairm ann an i ainm a s a dua dhan dheachann ann an an an an ann an an airm an ann an an an an an an a Thairm ann an | | | | |
| CITY | <u>STATE</u> | ZIP CODE | COUNTRY | |
| | SIAIL | | CONTIN | |

| 10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS AN INDIVIDUAL RESIDING IN CALIFORNIA AGENT'S FIRST MIDDLE LAST A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA 13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION | UNITED STATES | | | | | |
|--|--|------------------------------|--|--|--|--|
| 11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS AN INDIVIDUAL RESIDING IN CALIFORNIA AGENT'S FIRST MIDDLE A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | | Additional Directors | | | | |
| AN INDIVIDUAL RESIDING IN CALIFORNIA AGENT'S FIRST A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | BOARD OF DIRECTORS, IF ANY: | 0. NUMBER OF VACANCIES ON T | | | | |
| A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | SION BELOW AND NAME THE AGENT FOR | | | | | |
| A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | CALIFORNIA | AN INDIVIDUAL RESIDING | | | | |
| CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System 12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | DDLE LAST | AGENT'S FIRST | | | | |
| ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE ZIP CODE CA | | CORPORATIONS CODE SEC | | | | |
| ADDRESS CITY STATE ZIP CODE CA | NAME OF CORPORATE AGENT View List | | | | | |
| 13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION | ZIP CODE | INDIVIDUAL ADDRESS CITY STA | | | | |
| Installation of insulation | S OF THE CORPORATION | | | | | |
| 14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. B SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. | | | | | | |
| FIRST MIDDLE LAST TITLE DATE | | | | | | |
| Renee Benedict Sr. Tax Accountan 9/13/20 Continue Filing: Cancel Si/New Search | Discontinuo de la constante de | | | | | |



State of California E-FILED

Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 7F8AC900-6EC1-4A7C-A65A-2419BC544D85 |
|--------------------|--|
| Confirmation #: | 017242 |
| Charge Description | E-file Statement of Information for C1542005 |
| Name: | Denise Lorincz |
| Address: | 21001 Van Born Road |
| Address Line 2 | |
| City/State/Zip: | Taylor, MI 48180 |
| Phone: | 313-274-7400 |
| Email: | |
| Amount: | 25_ |
| E-File Session: | 1055662 |
| AVS Response: | Y |
| Date/Time: | 9/16/2008 8:33:24 AM |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

Return to Main Page

Coast Ins. Contr.



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

Fees \$25.00.

IMPORTANT - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you

| of filed documents form. | _ | | • | | • |
|---|--|--|--|---|--------------|
| 1. CORPORATION N | UMBER, N | AME AND ADD | RESS OF RECORD |) | 0.524 |
| C1542005 COAST INSULATION 2339 BEVILLE RO DAYTONA BEACH, | AD | | • | | |
| If there have be | l with the C en any cha I with the C | California Secret nges to the info California Secret | cary of State, check ormation contained cary of State, or no | the box and pro in the last Stater | ment of |
| 3. STREET ADDRESS ADDRESS | OF PRINC | IPAL EXECUT | IVE OFFICE (DO I | OT USE PO BO | X) |
| 2339 Beville Road | •0 | | | | |
| | | | | | |
| CITY | STA [*] | TE ZIP CODE | COUN | TRY | |
| Daytona Beach | FL | 32119 | UNIT | ED STATES | & |
| 4. STREET ADDRESS USE PO BOX) | OF PRIN | CIPAL BUSINE | SS OFFICE IN CA | LIFORNIA, IF A | NY (DO NOT |
| ADDRESS | | | | | |
| | | | | | |
| CITY | STA C | ** **** | | · | |
| 5. MAILING ADDRES IN CARE OF/ATTENTIO | | CORPORATIO | N, IF DIFFERENT | THAN ITEM 3 | |
| c/o Tax Department | IV. | | | | |
| ADDRESS | | | | | |
| 21001 Van Born Road | | | 100 4 | | |
| - | | | | | |

| •• | | | |
|---------------------------------|--|--|--|
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| LIST THE NAMES AND C officers.) | OMPLETE ADDRE | SSES OF THE OFFI | CERS (The corporation must have these three |
| 6. CHIEF EXECUTIVE | OFFICER | | |
| FIRST | MIDDLE | LAST | and the second second |
| James | | Brewer | |
| ADDRESS | | | |
| 2339 Beville Road | and the second s | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Daytona Beach | FL | 32119 | UNITED STATES |
| | | | |
| 7. SECRETARY FIRST | MIDDLE | LAST | |
| Brian | H. | Smith | r |
| ADDRESS | • | Johnan | ¥ |
| 21001 Van Born Road | | | |
| | and the state of t | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| 8. CHIEF FINANCIAL | i | 40100 | UNITED STATES |
| FIRST | MIDDLE | LAST | * |
| Brian | Н. | Smith | |
| ADDRESS | | | |
| 21001 Van Born Road | | | |
| | THE STATE OF THE S | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| LIST THE NAMES AND C | OMPLETE ADDRES | SSES OF ALL DIRE | CTORS, INCLUDING DIRECTORS WHO AF |
| ALSO OFFICERS (The co 9. | rporation must have | at least one director | r.) |
| FIRST | MIDDLE | LAST | |
| John | I III III III III III III III III III | Anstett | |
| ADDRESS | | | |
| 21001 Van Born Road | | | |
| 4 | r nda |)8 | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| 10. | - Control of the Cont | and the same of th | The state of the s |
| FIRST | MIDDLE | LAST | · |
| Brian | Н. | Smith | |
| ADDRESS | | 444 | |
| 21001 Van Born Road | | | |
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| : | | | |

| CITY | ı | STATE | ZIP CODE | í | COUNTRY | .~2.2.5.000a |
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| Taylor | | MI | 48180 | | UNITED STATES | |
| 11. FIRST ADDRESS | | MIDDLE | LAST | | | |
| ADDRESS | | | | | | |
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| CITY | | STATE | ZIP C | ODE | COUNTI | RY DISTATES |
| Additio | nal Directors | | | | | |
| 12. NUM | BER OF VACA | NCIES ON THE | BOARD O | F DIRECTO | ORS, IF ANY: 0 | |
| | OF PROCESS | PRIATE PROV | ISION BE | LOW AND | NAME THE AGE | NT FOR |
| The second | AN INDIVIDUA | L RESIDING IN | CALIFORNI | A | | |
| | AGENT'S FIRST | - MI | DDLE | | LAST | |
| | and the control of th | ON WHICH HAS S CODE SECTIO | | RTIFICATE | PURSUANT TO C | CALIFORNIA |
| Ø | NAME OF CORE | ORATE AGENT | View List | | | |
| | C T Corporation | System | 21 (6) | Ę | *************************************** | |
| | 14. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | | | | | |
| ADDRESS | | | | | | |
| x 30 | | *************************************** | | | | |
| CITY | | CTAT | FF 710 | CODE | | |
| CITT | er e e e | STAT CA | IE ZIP | CODE | | |
| 15. DESC | RIBE THE TY | PE OF BUSINES | SS OF THE | CORPORA | TION | |
| Installation | of insulation | | | | | |
| 16. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUD ANY ATTACHMENTS, IS TRUE AND CORRECT. | | | | | | |
| DATE | TITL | Ē , | . F | FIRST | MIDDLE | LAST |
| 9/16/2008 | Supe | rvisor-State & | | Renee | ************************************** | Benedict |
| Continu | e Filing | Cancel SI/New S | earch | | | |

EXHIBIT 7



Secretary of State

Statement of Information Accepted for Filing

(1) C0455372 - SACRAMENTO INSULATION CONTRACTORS \$25.00





State of California E-FILED

Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 8895DF61-D5FC-4D23-9220-9304CB31CFFD |
|--------------------|--|
| Confirmation #: | 035669 |
| Charge Description | E-file Statement of Information for C0455372 |
| Name: | DENISE LORINCZ |
| Address: | 21001 VAN BORN ROAD |
| Address Line 2 | * |
| City/State/Zip: | TAYLOR, MI 481801340 |
| Phone: | 313/274-7400 |
| Email: | denise_lorincz@mascohq.com |
| Amount: | 25 |
| E-File Session: | 510296 |
| AVS Response: | Y |
| Date/Time: | 8/2/2006 8:32:42 AM |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.





Secretary of State



Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 1CD93724-FC49-42DC-AA1C-845BB031FEC5 |
|--------------------|--|
| Confirmation #: | 066201 |
| Charge Description | E-file Statement of Information for C0455372 |
| Name: | Denise Lorincz |
| Address: | 21001 Van Born Road |
| Address Line 2 | |
| City/State/Zip: | Taylor, MI 48180 |
| Phone: | |
| Email: | |
| Amount: | 25 |
| E-File Session: | 771859 |
| AVS Response: | Y |
| Date/Time: | 8/16/2007 6:27:33 AM |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

Return to Main Rage

Sacramento Ins



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

| IMI | PORTANT - Read | ins | truction | is b | efore co | omplet | ing this form. | | |
|----------------------------|---|--------------|------------------------|------------|-----------------------|------------|---|---------------|-----------|
| 1. | CORPORATION NUM | IBE | R, NAME | AN | D ADDR | ESS OF | RECORD | | |
| | C0455372 SACRAMENTO INSU 2339 BEVILLE ROAD DAYTONA BEACH, F |) | | NTR | ACTORS | | | | |
| A p Sta | LIFORNIA CORPORA publicly traded corpora dement (Form SI PT) a tructions for additiona | tion anni | must file | e with | h the Sec .50 days | cretary of | of State a Corporate e end of its fiscal ye | Disclosure | e |
| | If there has been no Information filed with If there have been as previously filed, the filed. | n the | e Secreta hanges t | ory of | f State, c informa | tion, or | no Statement of Inf | to Item 14. | • |
| ADI | STREET ADDRESS OF DRESS 9 Beville Road | PR | RINCIPA | L EX | ECUTIV | E OFFIC | CE (DO NOT USE P | о вох) | |
| CIT | Y vtona Beach | | STATE FL | ZIP 321 | CODE | | COUNTRY UNITED STATES | . | 7 |
| 3. USI | STREET ADDRESS O E PO BOX) DRESS | F PI | RINCIPA | 3 | | S OFFIC | J. francisco de la constitución | | * |
| CIT LIST offic | THE NAMES AND COM | 1PLE | STATE CA TE ADDE | | CODE ES OF TH | IE OFFIC | ERS (The corporation | must have the | ese three |
| 4. C FIRS Jam ADD | CHIEF EXECUTIVE O | | CER DDLE | Wooddown | LAST Brewer | | | e. | |

| | 14. | | | |
|---|---------------------------------------|--------------|---------------------------|---|
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Daytona Beach | <u> </u> | 32119 | UNITED STATES | M |
| 5. SECRETARY | MIDDLE | | | |
| FIRST | MIDDLE | LAST | | |
| William ADDRESS | <u> T.</u> | Anderson | | |
| 21001 Van Born Road | | | | |
| 2 TOOT VAIL BOTH ROAD | | | | |
| | STATE | ZIP CODE | COUNTRY | |
| CITY Taylor | MI | 48180 | UNITED STATES | S |
| | |]40100 | JUNITED STATES | <u> </u> |
| 6. CHIEF FINANCIA FIRST | MIDDLE | LAST | | |
| William | Т. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | · | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | |
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| ALSO OFFICERS (The co | | | | |
| 7. | | | | |
| FIRST | MIDDLE | LAST | management . | 9 |
| William | T. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | 16 |
| CITY | STATE | ZIP CODE | COUNTRY | 1000 |
| Taylor | MI | 48180 | UNITED STATES | |
| 8. | MIDDLE | LACT | | |
| FIRST Jai | MIDDLE F | LAST Shah | - | |
| | | Jonan | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | , |
| CITY | STATE | ZIP CODE | COUNTRY | \$2000 \$1000 P |
| Taylor | <u> MI</u> | 48180 | UNITED STATES | , la |
| 9. | | | | |
| FIRST | MIDDLE | LAST | | |
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| ADDRESS | | | | |
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| CITY | STATE | ZIP CODE | COUNTRY | |
| i | | | | |

| | U | NITED STATES | <u> </u> |
|---|----------------|--|-----------|
| Additional Directors 4 | | | i. |
| 10. NUMBER OF VACANCIES ON THE BOARD O | F DIRECTORS, I | F ANY: | |
| 11. CHECK THE APPROPRIATE PROVISION BEI SERVICE OF PROCESS | OW AND NAME | THE AGENT FO | PR |
| AN INDIVIDUAL RESIDING IN CALIFORNIA | A | | |
| AGENT'S FIRST MIDDLE | | ST | - Company |
| A CORPORATION WHICH HAS FILED A CE CORPORATIONS CODE SECTION 1505. | RTIFICATE PURS | UANT TO CALIFO | RNIA |
| NAME OF CORPORATE AGENT View List | | | |
| C T Corporation System | | | |
| 12. ADDRESS OF THE AGENT FOR SERVICE OF INDIVIDUAL | PROCESS IN CA | ALIFORNIA, IF | AN |
| ADDRESS | | | |
| | | | |
| CITY STATE ZIP CO | DE. | | |
| CA CA | | | |
| 13. DESCRIBE THE TYPE OF BUSINESS OF THE | CORPORATION | | |
| | | | |
| Installation of insulation | | | |
| 14. ENTER THE NAME AND TITLE OF THE PERS SUBMITTING THIS STATEMENT OF INFORMATI CORPORATION CERTIFIES THE INFORMATION ATTACHMENTS, IS TRUE AND CORRECT. | ON TO THE SEC | RETARY OF STA | ATE, THE |
| • | AST T | TITLE | DATE |
| | | Vice-President | 8/16/2007 |
| Continue Filling in Cancel SI/New Search & | - | ************************************** | |



E-FILED

Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 1EA27CEA-EF6D-417C-ADB3-D27B587ADFC1 | | | |
|--------------------|--|--|--|--|
| Confirmation #: | 006132 | | | |
| Charge Description | E-file Statement of Information for C0455372 | | | |
| Name: | DENISE LORINCZ | | | |
| Address: | 21001 VAN BORN ROAD | | | |
| Address Line 2 | | | | |
| City/State/Zip: | TAYLOR, MI 48180 | | | |
| Phone: | 313-274-7400 | | | |
| Email: | | | | |
| Amount: | 25 | | | |
| E-File Session: | 1027194 | | | |
| AVS Response: | Y | | | |
| Date/Time: | 8/7/2008 8:06:09 AM | | | |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

Return to Main Rage



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

Fees \$25.00.

IMPORTANT - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you may wish to print the completed pages for your records prior to submission. Copies of filed documents may be requested using our <u>Business Entities Records Order</u> form.

| form. | iay be requ | iested using | our <u>Business Entities</u> | Records Order |
|---|--|-------------------|---|-------------------|
| 1. CORPORATION NU | MBER, NAM | E AND ADDR | ESS OF RECORD | |
| C0455372 SACRAMENTO INSU 2339 BEVILLE ROA DAYTONA BEACH, | D | NTRACTORS | | |
| | | | ormation contained in the y of State, check the box a | |
| | with the Calif | ornia Secretar | nation contained in the last y of State, or no statemen rety. | |
| | F PRINCIPA | L EXECUTIV | E OFFICE (DO NOT USE | РО ВОХ) |
| ADDRESS | | | | |
| 2339 BEVILLE ROAD | The second secon | | | |
| | | | | |
| CITY DAYTONA BEACH | STATE FL | ZIP CODE 32119 | COUNTRY UNITED STATES | |
| | <u> </u> | | ONITED STATES | AMERICA: |
| USE PO BOX) | JF PRINCIP | AL BUSINES | S OFFICE IN CALIFORNI | A, IF ANT (DO NOT |
| ADDRESS | | | | , |
| , is since of | | | | |
| Ē | | | | |
| CITY | STATE | ZIP CODE | | |
| | CA | | | |
| 5. MAILING ADDRESS | OF THE COL | RPORATION, | IF DIFFERENT THAN IT | EM 3 |
| IN CARE OF/ATTENTION | : | | | |
| C/O TAX DEPARTMENT | | * | | |
| ADDRESS | | | | , |
| 21001 VAN BORN ROAD | | портм: | | |
| i. | | | | |

| CITY | STATE | ZIP CODE | COUNTRY | |
|----------------------------------|--------------------|-------------------------|---|-------|
| TAYLOR | MI | 48180 | UNITED STATES | |
| LIST THE NAMES AND CO officers.) | OMPLETE ADDRES | SSES OF THE OFFICER | RS (The corporation must have these | three |
| 6. CHIEF EXECUTIVE | OFFICER | | | |
| FIRST | MIDDLE | LAST | | |
| JAMES | | BREWER | | |
| ADDRESS | | | | |
| 2339 BEVILLE ROAD | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| DAYTONA BEACH | FL | 32119 | UNITED STATES | |
| 7. SECRETARY | | | | |
| FIRST | MIDDLE | LAST | | |
| BRIAN | Н. | SMITH | | |
| ADDRESS | | - St | | |
| 21001 VAN BORN ROAD | | | | |
| CITY | CTATE | 710 CODE | COUNTRY | |
| CITY TAYLOR | STATE MI | ZIP CODE 48180 | UNITED STATES | |
| 8. CHIEF FINANCIAL | | 40100 | UNITED STATES | |
| FIRST | MIDDLE | LAST | | |
| BRIAN | Н. | SMITH | | |
| ADDRESS | <u> </u> | | | |
| 21001 VAN BORN ROAD | | | | |
| | | • | | |
| CITY | STATE | ZIP CODE | COUNTRY | * |
| TAYLOR | MI | 48180 | <i>p</i> = 0.000 pp = 0.000 | |
| LIST THE NAMES AND CO | OMPLETE ADDRES | SSES OF ALL DIRECTO | DRS, INCLUDING DIRECTORS WHO | ARE |
| ALSO OFFICERS (The cor | poration must have | at least one director.) | V 14 | |
| FIRST | MIDDLE | LAST | | |
| JOHN | | ANSTETT | | |
| ADDRESS | | | • | |
| 21001 VAN BORN ROAD | | | | |
| | | 77D 00D5 | | |
| CITY | STATE | ZIP CODE | COUNTRY UNITED STATES | |
| TAYLOR | <u> MI</u> | 48180 | UNITED STATES | أف |
| 10. FIRST | MIDDLE | LAST | | |
| BRIAN | H. | SMITH | | |
| ADDRESS | | * | | |
| 21001 VAN BORN ROAD | | | | |
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| CITY | | STATE | ZIP CODE | | COUNTRY | 松子學會 |
|--|--|-----------------------------|----------------------|----------|---|--|
| TAYLOR | | MI | 48180 | | UNITED STATES | |
| 11. FIRST ADDRESS | · | MIDDLE | LAST | | | |
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| Additio | gal Directors | | | | | |
| 12. NUME | BER OF VACA | NCIES ON THE | BOARD C | F DIRE | CTORS, IF ANY: 0 | |
| | K THE APPRO | PRIATE PROV | /ISION BE | LOW A | ND NAME THE AGEN | T FOR |
| | AN INDIVIDUA | L RESIDING IN | CALIFORN | IA | | |
| | AGENT'S FIRST | М) | IDDLE | | LAST | |
| : | | ON WHICH HAS | | ERTIFICA | ATE PURSUANT TO CA | LIFORNIA |
| | NAME OF CORE | PORATE AGENT FION SYSTEM | View List | | | |
| 14. STRE | | OF THE AGEN | T FOR SE | RVICE O | F PROCESS IN CALI | FORNIA, IF AN |
| ADDRESS | JAL | | | | | |
| | ž m | | | | | |
| CITY | | STA' | | CODE | | |
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| SUBMITT STATE, TI | ING THIS STA | ATEMENT OF I | NFORMAT ES THE IN | ION TO | MPLETING THIS STA THE CALIFORNIA S TION CONTAINED H | ECRETARY OF |
| DATE | TITL | E | | FIRST | MIDDLE | LAST |
| 8/7/2008 | VICE | E-PRESIDENT | | JOHN | | ANSTETT |
| Continue | e Filing | Cancel SI/New S | earch | | | ··· <u> </u> |

EXHIBIT 8



Secretary of State



Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 8FFA6584-119F-4938-AA35-1A86FD5E56A3 | | | |
|--------------------|--|--|--|--|
| Confirmation #: | 051414 | | | |
| Charge Description | E-file Statement of Information for C0451985 | | | |
| Name: | Denise Lorincz | | | |
| Address: | 21001 Van Born Road | | | |
| Address Line 2 | | | | |
| City/State/Zip: | Taylor, MI 48180 | | | |
| Phone: | 313/274-7400 | | | |
| Email: | denise_lorincz@mascohq.com | | | |
| Amount: | 25 | | | |
| E-File Session: | 476287 | | | |
| AVS Response: | Y | | | |
| Date/Time: | 6/8/2006 11:30:01 AM | | | |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.





Secretary of State

Statement of Information Accepted for Filing

(1) C0451985 - SCHMID INSULATION CONTRACTORS, INC. \$25.00





Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

IMPORTANT - Read instructions before completing this form.

| 1. CORPORATION NUMBER | R, NAMI | E AND ADDRESS OF | RECORD | | | |
|--|--|------------------------|---|--|--|--|
| C0451985 SCHMID INSULATION (TAX DEPT 21001 VAN BORN RD TAYLOR, MI 48180 | CONTRA | CTORS, INC. | | | | |
| CALIFORNIA CORPORATE | DISCLO | SURE ACT (Corpora | itions Code section 1502.1.1) | | | |
| Statement (Form SI PT) ann | A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations. | | | | | |
| Information filed with th | ne Secreta | ary of State, check th | contained in the last Statement of ne box and proceed to Item 14 . | | | |
| If there have been any o previously filed, the form | | | no Statement of Information has been tirety. | | | |
| 2. STREET ADDRESS OF PI | RINCIPA | L EXECUTIVE OFFI | CE (DO NOT USE PO BOX) | | | |
| ADDRESS | | 7 | | | | |
| c/o Tax Department | | - Second | | | | |
| 21001 Van Born Road | | 770 0005 | COLINITOV | | | |
| CITY Taylor | STATE MI | ZIP CODE 48180 | COUNTRY UNITED STATES | | | |
| | | | | | | |
| USE PO BOX) | KINCIP | al Business Offi | CE IN CALIFORNIA, IF ANY (DO NOT | | | |
| ADDRESS | | | | | | |
| 13000 Kirkham Way, Suite 203 | | | | | | |
| | OT 8 TO | 7TD CODE | | | | |
| CITY Poway | STATE | ZIP CODE 92064 | | | | |
| I management and a second and a | | \$ | CERS (The corporation must have these three | | | |
| officers.) | | LOCEO OF THE OFFI | oz. to (the corporation must have these tillee | | | |
| 4. CHIEF EXECUTIVE OFFI | | | | | | |
| | IDDLE | LAST | | | | |
| James | | Brewer | | | | |
| ADDRESS | | | | | | |
| | | | Į. | | | |

| 13000 Kirkham Way | | | | |
|--|--|--|--|---------------------------------------|
| Suite 203 | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Poway | CA | 92064 | UNITED STATES | 8 |
| 5. SECRETARY | F | Jermannen der Germannen der Ge | J | · · · · · · · · · · · · · · · · · · · |
| FIRST | MIDDLE | LAST | | |
| John | C. | Calkins | | |
| ADDRESS | | · · | | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | IZ. |
| 6. CHIEF FINANCIAL | | | , | 1000 |
| FIRST | MIDDLE | LAST | | |
| John | C. | Calkins | | |
| ADDRESS | | | ones anne administra | |
| 21001 Van Born Road | | | | |
| And the second s | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | 厦 |
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| ALSO OFFICERS (The cor | | | | O WIIO AIRE |
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| 8. | | | | |
| FIRST | MIDDLE | LAST | | |
| William | T | Anderson | | |
| ADDRESS | | | | 1 |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| CITY Taylor | MI | 48180 | UNITED STATES | E |
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| 9. FIRST | MIDDLE | LAST | | |
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| CITY | | STATE | ZIP CODE | | COUNTRY | |
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| | | | | | UNITED STATES | |
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| 10. NUM | IBER OF VACANCI | ES ON THE | BOARD OF I | DIRECTORS, | IF ANY: 0 | |
| | 11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS | | | | | |
| | AN INDIVIDUAL RE | SIDING IN C | CALIFORNIA | | | |
| A | AGENT'S FIRST | MID | DDLE | | AST | |
| • | A CORPORATION W CORPORATIONS CO NAME OF CORPORA C T Corporation Syste | DDE SECTION | N 1505. | TIFICATE PURS | SUANT TO CALIF | ORNIA |
| ADDRESS | | NT FOR SEF | RVICE OF P | ROCESS IN C | CALIFORNIA, IF | AN |
| CITY | | STATE | ZIP COD | E | | |
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| | n of insulation | F BUSINES | S OF THE C | ORPORATIO | N | |
| STATEM! SECRETA | ER THE NAME AND ENT. BY SUBMITT ARY OF STATE, THI NED HEREIN, INCL | ING THIS S E CORPORA | TATEMENT TION CERT | OF INFORMATE IN | ATION TO THE IFORMATION | ст. |
| FIRST | MIDDLE | | LAS | ST | TITLE | DATE |
| John | | manana manana any ao | Ans | stett | Vice-President | 6/8/2006 |
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| L | | | | | | |



E-FILED

Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | AA68EB0E-3503-4F16-94B9-272750EDA07A | | | |
|--------------------|--|--|--|--|
| Confirmation #: |)44144 | | | |
| Charge Description | E-file Statement of Information for C0451985 | | | |
| Name: | Denise Lorincz | | | |
| Address: | 21001 Van Born Road | | | |
| Address Line 2 | | | | |
| City/State/Zip: | Taylor, MI 48180 | | | |
| Phone: | | | | |
| Email: | | | | |
| Amount: | 25 | | | |
| E-File Session: | 718643 | | | |
| AVS Response: | Y | | | |
| Date/Time: | 5/31/2007 7:59:47 AM | | | |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

:::: Retuinio Main Page,

Schmid Insulation



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

| IMPORTANT - Read | instruction | <u>ns</u> before c | ompleting this form. | |
|--|---------------|--------------------|---|--|
| 1. CORPORATION NUM | IBER, NAME | AND ADDR | ESS OF RECORD | |
| C0451985 SCHMID INSULATIO C/O TAX DEPARTME 21001 VAN BORN R TAYLOR, MI 48180 | NT OAD | CTORS, INC. | | |
| CALIFORNIA CORPORA | ATE DISCLO | SURE ACT (| Corporations Code section 1502 | 2.1) |
| Statement (Form SI PT) | annually, wit | hin 150 days | cretary of State a Corporate Di- after the end of its fiscal year. ablicly traded corporations. | |
| | | | rmation contained in the last Si check the box and proceed to | |
| If there have been a previously filed, the | | | ation, or no Statement of Inform n its entirety. | nation has been |
| 2. STREET ADDRESS OF ADDRESS | FPRINCIPA | L EXECUTIV | E OFFICE (DO NOT USE PO | вох) |
| 13000 Kirkham Way, Suite 2 | :03 | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | STATE OF THE PARTY |
| Poway | CA | 92064 | UNITED STATES | |
| USE PO BOX) | F PRINCIPA | AL BUSINES: | S OFFICE IN CALIFORNIA, I | F ANY (DO NOT |
| ADDRESS 13000 Kirkham Way, Suite 2 | 0 2 | 7 | | |
| 13000 Kirkilaili vvay, Suite 2 | | <u>]</u> 1 | * | |
| CITY | STATE | ZIP CODE | | |
| Poway | CA | 92064 | | |
| LIST THE NAMES AND CON officers.) | IPLETE ADDF | RESSES OF TH | HE OFFICERS (The corporation mu | st have these three |
| 4. CHIEF EXECUTIVE O | | | | |
| FIRST | MIDDLE | LAST | | |
| James | | Brewer | | |
| ADDRESS | | | | |

| 13000 Kirkham Way, Suite | 203 | | | |
|--|--|---|--|----------------------|
| Appropriate the second of the contraction of the co | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Poway | CA | 92064 | UNITED STATES | |
| 5. SECRETARY | | | | |
| FIRST | MIDDLE | LAST | | |
| William | T. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| \$1000000000000000000000000000000000000 | *************************************** | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | Ž |
| 6. CHIEF FINANCIAL | | , | | |
| FIRST | MIDDLE | LAST | - | |
| William | T. | Anderson | in the state of th | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | |
| ALSO OFFICERS (The corp | MPLETE ADDRE | ESSES OF ALL DIRECTOR at least one director.) | ORS, INCLUDING DIRECTOR | S WHO ARE |
| 7. | | | | |
| FIRST | MIDDLE | LAST | | |
| William | Т. | Anderson | | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| Property Williams on Control of the Control of Control | | 10 20 | | |
| CITY | STATE | ZIP CODE | COUNTRY | CONTROL OF THE PARTY |
| Taylor | MI | 48180 | UNITED STATES | |
| 8. | | | | |
| FIRST | MIDDLE | LAST | - | |
| Jai | | Shah | - | |
| ADDRESS | | | | |
| 21001 Van Born Road | | | | |
| | | | ¥ | |
| CITY | STATE | ZIP CODE | COUNTRY | |
| Taylor | MI | 48180 | UNITED STATES | 图 |
| 9. | i Januaria, sasaria, sasaria e | Para-ter-type commands as in this is a facility to the control of | Town the garge, a three for things of the content of parties with a second content of the conten | |
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| *** | | | | |
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| | | | | |
| | The second secon | | | |
| AMARINE MICHIGANI (C. A. C. | AND THE RESIDENCE OF THE PARTY | | | |

| CITY | | STATE | ZIP CO | DE | COU | NTRY | | | |
|--|---|--------------------------------|----------|---------|------------|--------------|--|--|--|
| | | | | | UNI | TED STATES | <u>J</u> E | | |
| Averalitie | milipienos | | | | | | | | |
| 10. NUM | 10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0 | | | | | | | | |
| | CK THE APPRO OF PROCESS | PRIATE PROV | ISION B | ELOW A | ND NAME T | HE AGENT FO | OR | | |
| | AN INDIVIDUA | RESIDING IN | CALIFORN | IIA | | | | | |
| , | AGENT'S FIRST | MIC | DDLE | | LAST | | Contraction of the Contraction o | | |
| | | N WHICH HAS F S CODE SECTIO | | ERTIFIC | ATE PURSUA | NT TO CALIFO | PRNIA | | |
| | NAME OF CORPORATE AGENT <u>View List</u> C T Corporation System | | | | | | | | |
| 12. ADD INDIVID | | AGENT FOR SE | RVICE O | F PROC | ESS IN CAL | FORNIA, IF | AN | | |
| ADDRESS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CITY | | STATE | ZIP (| CODE | | | | | |
| | | CA | | | | | | | |
| 13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION | | | | | | | | | |
| Installation of insulation | | | | | | | | | |
| 14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. | | | | | | | | | |
| FIRST | MIDE | DLE | | LAST | TIT | LE | DATE | | |
| John | | | | Anstett | Vic | e-President | 5/31/2007 | | |
| Commi | edElling 🖖 🖫 | Cantral ESI/New Se | andh: | | | | | | |



State of California E-FILED

Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

| Transaction ID: | 328EB2F4-3A23-48FD-A5E9-2F999DC79A96 |
|--------------------|---|
| Confirmation #: | 097617 |
| Charge Description | E-file Statement of Information for C0451985 |
| Name: | Masco Contractor Services of California, Inc.Denise Lorincz |
| Address: | 21001 Van Born Road |
| Address Line 2 | |
| City/State/Zip: | Taylor, MI 48180 |
| Phone: | 313-274-7400 |
| Email: | * |
| Amount: | 25 |
| E-File Session: | 977565 |
| AVS Response: | Y |
| Date/Time: | 6/10/2008 11:59:02 AM |

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

Return to Main Page



Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

Fees \$25.00.

IMPORTANT - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you

| | - | | our <u>Business Entities Rec</u> | • |
|--|--|---|---|-----------------------------|
| 1. CORPORATION NU | MBER, NAM | E AND ADDRE | SS OF RECORD | |
| C0451985 MASCO CONTRACT 13000 KIRKHAM V POWAY, CA 9206 | VAY, SUITE 2 | | RNIA, INC. | |
| Information filed If there have bee | with the Calif n any change with the Calif | ornia Secretary s to the inform ornia Secretary | ormation contained in the last Solve of State, check the box and pration contained in the last State of State, or no statement has ety. | roceed to Item tement of |
| 3. STREET ADDRESS (ADDRESS 13000 Kirkham Way, Suite | | AL EXECUTIVE | OFFICE (DO NOT USE PO B | SOX) |
| CITY | STATE | ZIP CODE | COUNTRY | ****** |
| | CA OF PRINCIP | 92064 AL BUSINESS | OFFICE IN CALIFORNIA, IF | ANY (DO NOT |
| USE PO BOX) ADDRESS 13000 Kirkham Way, Suite | 203 | | | |
| CITY Poway | STATE CA | ZIP CODE 92064 | | |
| 5. MAILING ADDRESS IN CARE OF/ATTENTION c/o Tax Department ADDRESS 21001 Van Born Road | | RPORATION, | IF DIFFERENT THAN ITEM 3 | |

| CITY | STATE | ZIP CODE | COUNTRY |
|--|----------------------------|--------------------|--|
| Taylor | | 48180 | UNITED STATES |
| LIST THE NAMES AND C officers.) | OMPLETE ADDRE | SSES OF THE OF | FICERS (The corporation must have these three |
| 6. CHIEF EXECUTIVE FIRST | OFFICER MIDDLE | LAST | |
| James | A. | Hazelwood | |
| ADDRESS | | | |
| 2339 Beville Road | · | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Daytona Beach | FL | 32119 | UNITED STATES |
| 7. SECRETARY | | | |
| FIRST | MIDDLE | LAST | **** |
| Eugene | Α. | Gargaro, Jr. | 9 9 900 - 10 |
| ADDRESS | CAND AND CHARGE WAS COLUMN | | |
| 21001 Van Born Road | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| 8. CHIEF FINANCIAL | L | 10100 | · · · · · · · · · · · · · · · · · · · |
| FIRST | MIDDLE | LAST | |
| Ronald | L. | Kline | |
| ADDRESS | 1 | | |
| 2339 Beville Road | | | |
| | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Daytona Beach | FL | 32119 | UNITED STATES |
| LIST THE NAMES AND C ALSO OFFICERS (The co 9. | OMPLETE ADDRE | SSES OF ALL DIR | ECTORS, INCLUDING DIRECTORS WHO ARE |
| 9. | rporation must have | at least one aireo | |
| FIRST | MIDDLE | LAST | |
| Eugene | Α. | Gargaro, Jr. | |
| ADDRESS | | | |
| 21001 Van Born Road | | | |
| Nagyada, aleksysten ily linden. 1974 anto disconsorrativos sa esperimental describibilis dischisibilis de aleksysten i | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| Taylor | MI | 48180 | UNITED STATES |
| 10. FIRST | MIDDLE | LAST | |
| John | R. | Leekley | |
| ADDRESS | F | Locition | 1 |
| | | | |
| 21001 Van Born Road | (d) (c)() (f) | | |

| CITY | | STATE | ZIP CODE | | COUNTRY | | | |
|--|--|---------------|---------------|---------------|--|--|--|--|
| Taylor | | MI | 48180 | | UNITED STATES | | | |
| 11. FIRST John ADDRESS 21001 Van | Born Road | MIDDLE G. | LAST Sznev | vajs | | | | |
| CITY Taylor | | STATE MI | ZIP C | more a second | COUNTRY UNITED STA | ATES | | |
| | nal Directors | | | | | CHIRDSON CASCALLA CONTRACTOR CONT | | |
| 12. NUM | BER OF VACA | NCIES ON TH | E BOARD O | F DIRECT | TORS, IF ANY: 0 | | | |
| 13. CHE | | | | | NAME THE AGENT | FOR | | |
| | AN INDIVIDUA AGENT'S FIRST | | CALIFORNI | A | LAST | | | |
| > | A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT View List C T Corporation System | | | | | | | |
| 14. STRI INDIVID ADDRESS | UAL | OF THE AGEN | IT FOR SER | VICE OF | PROCESS IN CALIFO | ORNIA, IF AN | | |
| CITY | | STA | processes. | CODE | | | | |
| | RIBE THE TY | | | CORPOR | RATION | | | |
| SUBMITT STATE, T | ING THIS ST | ATEMENT OF T | INFORMAT | ION TO T | PLETING THIS STAT HE CALIFORNIA SEC ION CONTAINED HE | CRETARY OF | | |
| DATE | TITL | Ε | | FIRST | MIDDLE | LAST | | |
| 6/10/2008 | 3 Vice | -President | | Jerry | w. | Mollien | | |
| Continu | e Filing | Cancel SI/New | Search | | | | | |

EXHIBIT 9



Office of the Secretary of State

July 27, 2005

C T Corporation System
WILLIAMS CONSOLIDATED I, LTD.
350 North St. Paul St.
Dallas, TX 75201

RE: WILLIAMS CONSOLIDATED I, LTD.

File Number: 11750010

This is to advise you that the above referenced limited partnership's report required by section 13.05, Texas Revised Limited Partnership Act, has been filed in this office. This letter may be used as evidence of the filing and payment of the fee.

Sincerely,

Corporations Section Statutory Filings Division (512) 463-5555

Enclosure

Reports Unit P.O. Box 12028 Austin, Texas 78711-2028



Roger Williams Secretary of State

Office of the Secretary of State PERIODIC REPORT - LIMITED PARTNERSHIP

| Filing Number: 11750010 | Page 1 of 1 |
|-------------------------|-------------|
| | |

Filing Fee: **\$50.00**

| 1. | The limited partnership name is: | | | | | |
|----|----------------------------------|--|--|--|--|--|
| | WILLIAMS CONSOLIDATED I, LTD | | | | | |

- 2. It is organized under the laws of: (set forth state or foreign country)

 Texas
- The name of the registered agent is: C T Corporation System (Make changes here):
- The business address of the registered agent and the registered office address is: 350 North St. Paul St., Dallas, TX 75201 (Make changes here-use street or building address; see Instructions):
- 5. The address of the principal office in the United States where the records are to be kept or made available under Article 6132a, Section 1.07 of the Texas Revised Limited Partnership Act is:

1201xSPXGLASSxXTExt05x xxxxxxxxxxxxxxxxx

(Make changes here):

c/o Tax Department 21001 Van Born Road Taylor, MI 48180-1340

6. The names and addresses of all general partners of the limited partnership are: (If additional space is needed, include the information as an attachment to this form.)

Name

Address

City/ State/Zip

WAXXXXXXXXXX

ANSINNXXXXXXXXX

Masco Contractor Services Central, Inc. 2339 Beville Road, Daytona Beach, FL 3211
Williams Consolidated Delaware, LLC 2339 Beville Road, Daytona Beach, FL 3211
Execution:

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudlent instrument.

| Date: | 7/19/05 | Masco Contractor Services Central, | Inc |
|-------|---------|---|-----|
| | | Signed on behalf of the limited partnership | |
| | | By (general partner) Vice-President | |

Come visit us on the Internet @ http://www.sos.state.tx.us/ Phone: 512-475-2705 Fax: 512-463-1425

Dial: 7-1-1 for Relay Services

EXHIBIT 10



Geoffrey S. Connor-Secretary of State

Office of the Secretary of State

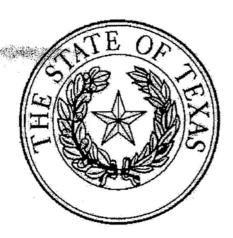
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

WILLIAMS CONSOLIDATED I, LTD. Filing Number: 11750010

Certificate of Assumed Business Name

August 29, 2003

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2003.





OFFICE OF BEVERLY B. KAUFMAN COUNTY CLERK HARRIS COUNTY, TEXAS

09/12/03 400070329 \$10.00 Assumed Hame

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for

ENERGY SENSE

under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

WILLIAMS CONSOLIDATED I, LTD.

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as SEPTEMBER 12, 2003 through SEPTEMBER 12, 2013.

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

Beverly B. Kaufman

County Clerk, Harris County

n IH nh

KATHRYN J. KAY



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 FILED
In the Office of the Secretary of State of Texas

AUG 29 2003

Corporations Section

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

| 1. | The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is |
|----|--|
| _ | Williams Consolidated I, Ltd. |
| 2. | The assumed name under which the business or professional service is or is to be conducted or rendered is |
| | Energy Senso |
| 3. | The state, country, or other jurisdiction under the laws of which it was incorporated, |
| | organized or associated is Texas and the |
| | address of its registered or similar office in that jurisdiction is |
| | c/o CT Corporation System, 350 N. St. Paul Street, Dallas, Texas 75201 |
| 4. | The period, not to exceed 10 years, during which the assumed name will be used is |
| | 10 years. |
| 5. | The entity is a (check one): A. |
| • | Business Corporation Non-Profit Corporation Professional Corporation Professional Association Limited Liability Company Limited Partnership Registered Limited Liability Partnership B. If the entity is some other type business, professional or other association that is incorporated, please specify below (c.g., bank, savings and loan association, etc.) |
| | |
| 6. | If the entity is required to maintain a registered office in Texas, the address of the |
| | registered office is 350 N. St. Paul Street, Dallas, Texas 75201 |
| | and the name of its registered agent |
| | at such address is CT Corporation System |
| | The address of the principal office (if not the same as the registered office) is |

| | If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is | | | | | |
|---|--|--|--|--|--|--|
| | and if the entity is not incorporated, organized or associated under the laws of Texas | | | | | |
| | the address of its place of business in Texas is | | | | | |
| | and the office address elsewhere is | | | | | |
| 1 | The county or counties where business or professional services are being or are to conducted or rendered under such assumed name are (if applicable, use designation "ALL" or "ALL EXCEPT") | | | | | |
| | All | | | | | |
| | | | | | | |
| | The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifithat the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the attorney-in-fact in writing to execute the entity has duly authorized the entity has a subject to the entit | | | | | |
| | The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certificate that the entity has duly authorized the attorney-in-fact in writing to execute to document. | | | | | |

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

Form No. 503 Revised 9/99

| STATE OF TEXASK Michigan | |
|---|----------------------------------|
| COUNTY OF Wayne | |
| Before me on this 4th day of Au | gust 2003 personally appeared |
| Eugene A. Gargaro, Jr. | nd acknowledged to me thathe/she |
| executed the foregoing certificate for the purposes | herein expressed. |
| My Commission Expires: | Sharon l. Wernen |
| | Notary Public, State of Toxas |

SHARON A. WERNER
Notary Rublic - Michigan
Washtenaw County
Acting in Wayne County
My Commission Expires Aug. 9, 2007



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

WILLIAMS CONSOLIDATED I, LTD. Filing Number: 11750010

Certificate of Assumed Business Name

August 29, 2003



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2003.







Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 In the Office of the Secretary of State of Texas

AUG 29 2003

Corporations Section

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

| 1. | The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of |
|----|---|
| | authority or comparable document is |
| , | Williams Consolidated I, Ltd. |
| 2. | The assumed name under which the business or professional service is or is to be |
| | conducted or rendered is |
| | Energy Sense Systems |
| 3. | The state, country, or other jurisdiction under the laws of which it was incorporated, |
| | organized or associated is Texas and the |
| • | address of its registered or similar office in that jurisdiction is |
| | c/o CT Corporation System, 350 N. St. Paul Street, Dallas, Texas 75201 |
| 4. | The period, not to exceed 10 years, during which the assumed name will be used is |
| | 10 years. |
| 5. | The entity is a (check one): |
| | A. |
| | Business Corporation Non-Profit Corporation |
| | Professional Corporation Professional Association Limited Liability Company Dimited Partnership |
| | Registered Limited Liability Partnership |
| | B. If the entity is some other type business, professional or other association that is |
| • | incorporated, please specify below (e.g., bank, savings and loan association, etc.) |
| e. | |
| | |
| 6. | If the entity is required to maintain a registered office in Texas, the address of the |
| | registered office is 350 N. St. Paul Street, Dallas, Texas 75201 |
| | and the name of its registered agent |
| | at such address is CT Corporation System |
| | The address of the principal office (if not the same as the registered office) is |
| | |
| | |

| | | • : | |
|--|--|---------------------|------------|
| and if the entity is r | ot incorporated, organized or a | ssociated under the | laws of Te |
| the address of its pl | ace of business in Texas is | | |
| | | | |
| and the office addre | ss elsewhere is | | |
| | | | |
| | ties where business or profession lered under such assumed no | | ** |
| conducted or rend | ties where business or profession lered under such assumed na or "ALL EXCEPT") | | ** |
| conducted or rend designation "ALL" | lered under such assumed na | | ** |

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filled with the county clerk differ. Assumed name documents filled with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

Form No. 503 Revised 9/99

| | k Michi | gan | | | |
|---------------------|-----------------|-------------|------------|--------------------------|-----------------------|
| COUNTY OF | Wayne | | | | |
| Before me on this | 4th | _ day of_ | August | 2003 | , personally appeared |
| Eugene A. | Gargaro | Jr. | and acknow | wledged to me tha | the/she |
| executed the forego | oing certificat | e for the p | | | 1· |
| | | | | | 1. 14. |
| My Commission E | xpires: | | | raise & Public, State of | . Werner |

EXHIBIT 11

Exhibit 11 - Matrix of Common Officers and Directors

The matrix below identifies the extent to which the officers, directors and general manager of EnergySense, Inc. also occupy such positions with Coast Insulation Contractors, Inc., Western Insulation, L.P., Masco Contractor Services of California, Inc. and Sacramento Insulation Contractors, whose work may be field verified and diagnostically tested by EnergySense, Inc. for Title 24 compliance purposes.

| | EnergySense, Inc. | Coast Insulation Contractors, Inc. | Sacramento Insulation Contractors | Western Insulation, LP | Masco Contractor Services of CA, Inc. |
|-------------------|--|---------------------------------------|-----------------------------------|--|--|
| David Bell | President | | | | |
| Carolyn Christian | Assistant Secretary | | - | Assistant Secretary | Assistant Secretary |
| Lawrence Leaman | Vice President | | | Vice President | Vice President |
| Jerry Mollien | Director; Vice President | | | Director; Vice President | Director; Vice President |
| Barry Silverman | Director; Vice President; Secretary | | | Director; Vice President; Secretary | Director; Vice President; Secretary |
| John Sznewajs | Director; Vice President; Treasurer | | | Director; Vice President; Treasurer | Director; Vice President; Treasurer |
| Jaime Padron | General Manager | | , | | |

Note that, as a matter of corporate policy, Carolyn Christian, Lawrence Leaman, Jerry Mollien, Barry Silverman, and John Sznewajs occupy the same or similar positions in most of Masco Corporation's subsidiaries and are not involved in the daily operations of the entities listed above.